

**BALTIMORE CITY  
COMMISSION ON AGING AND RETIREMENT EDUCATION (CARE)**

Initiative to Create a: Center for Urban Aging Services and Policy  
Development

*Executive Summary*

**Overview**

The Baltimore City Commission on Aging and Retirement Education is launching an initiative to create a Center for Urban Aging Services and Policy Development. The Center will bring together urban analyst/consultant services, private and public funders, community leaders, senior-serving organizations, service providers, and older consumers, to develop new strategies for:

- A. developing a blueprint for designing a “senior-friendly city”;
- B. tapping the resources offered by mature adults;
- C. creating new models for delivering services to those who need them;
- D. establishing a foundation for public policy and funding strategies based on the realities of aging in urban America in the 21<sup>st</sup> Century; and
- E. identifying evidence-based research that has been fully developed and translating its results into practice.

The Initiative is directly related to and is the engine that will drive Mayor Martin O’Malley’s vision of making “*Baltimore the Most Senior Friendly City in America*”. To that end, the Initiative has the full support of the Mayor and his Cabinet, the Interagency Committee on Aging Services, and the Baltimore City Council.

The Center will examine the role played by key subgroups of older urbanites in the life of cities like Baltimore. These subgroups will include low income minorities, the “empty nester” population, older homeowners, older people with chronic diseases and disabilities, grandparents raising grandchildren, emerging ethnic and minority communities, aging members of the gay community, and urban baby boomers.

The Center will identify and respond to a host of major issues affecting the older adult urban population including:

- A. poverty and isolation,
- B. safety and security,
- C. the need for improved housing and transportation,
- D. senior friendly neighborhoods and livable communities,
- E. the complexities of healthcare and long term care reform in urban America,
- F. health education, promotion, prevention and access to a continuum of care,
- G. the impact of Medicare and Medicaid budget cuts and reimbursement approaches to public health as part of the continuum of care,

- H. the impact of Federal and State aging services budget reductions, while the older adult population is growing geometrically and exponentially
- I. volunteerism and employment,
- J. retirement and financial planning,
- K. access to information,
- L. transportation,
- M. need for emergency preparedness and response planning.

It will mobilize assets in support of its initiatives including older adults themselves, faith communities, academic and medical institutions, senior-serving organizations and community groups.

The Center will create a vision and blueprint for transitioning Baltimore into the most “senior-friendly city in America”, a city that supports and enhances aging optimally. Partnerships and collaborations will play a major role in the operation of the Center. The Center will work closely with other senior-serving and community organizations to design and support the development of coordinated systems of service delivery, incorporate evidence-based practices into programs, and to make best use of limited resources.

### **Approach**

The Center will reflect a commitment and relationship between existing aging resources such as the Johns Hopkins Center on Aging and Health, Urban Aging Institute, and other academicians and analysts to collaboratively examine characteristics and trends that present challenges for promoting and maintaining healthy and successful aging.

The Center’s approach to urban aging issues will emphasize strategies which:

- A. have an impact on public policy, particularly funding,
- B. are evidence-based and multidisciplinary,
- C. emphasize the potential of technology to assist older adults, and
- D. create Statewide and national networks of advocates and planners for the older adults in urban America.

In developing the Center, CARE and its partners recognize that fiscal constraints and political paralysis have reduced the ability of the State and Federal government to respond to the challenges presented by the aging of America. In the coming years, the most creative and effective models for bringing about changes in services for older adults will be developed at the local level, generated by partnership models like the Center.

### **Organizational Structure**

The Center for Urban Aging Services and Policy Development will be a 501-C-3 corporation. The board of directors for the corporation will be appointed by the initial sponsoring organizations for the Center. The initial staff will consist of an Executive Director, a Partnership Developer and an Administrative Assistant. Staff will have

backgrounds in research, experience administering programs and business enterprises for older adults, and skills in forming private-public partnerships.

### **Funding/Budget**

The sponsoring organizations will provide the Center with funding to develop a 2-year planning, start-up and implementation design. Over the long term, the Center will become self-sustaining by obtaining grants, developing revenue generating partnerships, and performing best practices analysis, design, and implementation.

The projected budget for the Center's 2-year planning, start-up and implementation design is \$849,154 and includes equipment purchases and legal fees. As the Center settles into regular operations, the principal budget items will be the on-going staffing costs, and analysts/consultant services. As the Center grows, the amount of funding allocated for analyst/consultant services should expand; other costs should remain relatively fixed. In addition, the Center will generate revenue through training programs, grants, and analyzing, establishing and implementing best practices.

### **Implementation**

CARE will implement the Initiative in three phases. During the first phase, currently underway, we are educating stakeholders and recruiting partners from the academic and medical communities, and from the public and private sectors. In the second phase, we will create an organizational structure for the Center, beginning with an advisory board, a funding strategy, and a system of governance. The second phase will end with the creation of a free-standing nonprofit and the hiring of staff. In the third phase we will begin to implement projects, including research-based program development, student training programs, and private-public partnerships.

### **Conclusion**

**The Center for Urban Aging Services and Policy Development** is designed to be an incubator for new approaches to the major issues of urban older adults, much as Silicon Valley became the incubator for new information technology. The time is right and Baltimore is the ideal place to create a center for aging innovation in urban America. The Center will:

- A. create a vision of how cities can design, implement, and support healthy and independent aging;
- B. combine research, program development, and advocacy;
- C. draw upon the strengths of urban older adults;
- D. develop innovative models for addressing critical needs, services, policy development and funding;
- E. advocate for changes in national policy regarding urban older adults;
- F. help create a better Baltimore for older adults, their families, and caregivers; and
- G. serve as a model for the design, funding, and delivery of services for older adults in cities throughout America.